

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015894

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

181 Primary Registration District No. 4294 Registrar's No. 16

FILED APR 20 1962

1. PLACE OF DEATH

a. COUNTY

LINCOLN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Millwood Twp.

Length of stay in lb

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

3 mi W. Silex

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

LINCOLN

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Silex

d. STREET ADDRESS

(If outside, give location)

RFD

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARY

HILDEGARD

KIENTZKY

4. DATE OF DEATH

Month

Day

Year

April

14

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-16-98

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Month 11 Day 28

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lincoln County, Mo.

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

J. Bernard Miller

13b. MOTHER'S MAIDEN NAME

Mary E. Meuth

14. NAME OF HUSBAND OR WIFE

Hubert Kientzky

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Barney Miller Silex, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIO-SCLEROSIS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at 7:10 P.M.?? m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph J. Mauch L. CORONER

22b. ADDRESS

TROY, MISSOURI

22c. DATE SIGNED

4/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-17-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Alphonsus

23d. LOCATION (City, town, or county)

Silex (Millwood)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.O. Mudd

Silex, Mo.

25. DATE RECD. BY LOCAL REG.

4-20-1962

26. REGISTRAR'S SIGNATURE

Huntard Wisker M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0570

2 0570

3 1

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 90-3

13 3-0

Permit obtained 4-16-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.